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Fees pursuada to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
			- I A	Application Number 10/815,585				
For FY 2006				iling Date	Apr	April 1, 2004		
				irst Named Inve	entor Mar	Mario Meggiolan		
				Examiner Name	Fra	Frantz F. Jules		
Acoustic claims small entity status. See 37 CFR 1.27				Art Unit	361	3617		
TOTAL AMOUNT OF PAY	MENT (\$)	60.00	P	Attorney Docket I	No. CAI	M3-PT041.1		
METHOD OF PAYMEN	T (check all	that apply)	<del></del> -					
Check Credit (		Ioney Order	None	Other (pl	lease identify	л:		
Deposit Account Deposit Account Number: 22-0493  Deposit Account Name: Volpe and Koenig, P.C.								
Deposit Account Name: Volpe and Koenig, P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
		•	JI IS HOLOW,					
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
under 37 CFF	R 1.16 and 1.1	s) or underpaymer 17		· [73] Ground	any overpay	•		
WARNING: Information on this information and authorization	s form may bec	come public. Credit	card inform	nation should not	t be included	d on this form. Pr	ovide credit card	
FEE CALCULATION (A		pelow are due ι	ıpon filin	g or may be s	subject to	a surcharge.	.)	
1. BASIC FILING, SEAF								
	FILING F	EES	SEARCH			ATION FEES		
Application Type		mall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	000	0		
-		100	v	U	U	·	Small Entity	
Fee (\$) Fee (\$)								
Each claim over 20 (i						50	25	
Each independent cla		ncluding Reissu	.es)			200	100	
Multiple dependent c			_			360	180	
Total Claims	Extra Claim			aid (\$)			ependent Claims	
- = HP = highest number of total	:	X r_if greater than 20	_=0	1		<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims	Extra Claims		Fee P	aid (\$)				
		× _ <del></del> _	_=0					
HP = highest number of indep		paid for, if greater the	an 3.					
3. APPLICATION SIZE If the specification and	FEE L drawings e	voeed 100 sheet	s of nane	r (excluding el	lectronical	Ilv filed seque	nce or computer	
listings under 37 Cl	FR 1 52(e)).	the annlication	size fee (	due is \$250 (\$	125 for sm	nall entity) for	each additional 50	
sheets or fraction th		35 U.S.C. 41(a)	(1)(G) and	nd 37 CFR 1.16	6(s).			
Total Sheets	Extra Sheet	ts <u>Numbé</u> i	r of each a	additional 50 or	<u>r fraction th</u>	hereof Fee	(\$) <u>Fee Paid (\$)</u>	
100 =		/ 50 =	('	(round <b>up</b> to a wl	hole numbe	er) x	=	
4. OTHER FEE(S)	·	20 for (no small	titu di	t)			Fees Paid (\$	
Non-English Specific	cation, and	30 fee (No Siliali	Month Ext	SCOURL)			50.00	
Other (e.g., late filing	g surcharge,	: Femuori 101 0.10	VIOTAL C	7131011 01 1111.0			60.00	
UBMITTED BY	1		T De	· T · P · · · · Ala		T		
gnature / det	Solle	<u></u>	(At	egistration No.	3,684	Telephone 215-568-6400		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE collection of information unless it displays a valid OMB control number. the Paperwork Reduction Act of 1995, no persons are required to respond to a 10/815,585 April 1, 2004 Filing Date TRANSMITTAL Mario Meggiolan First Named Inventor **FORM** 3617 Art Unit Frantz F. Jules **Examiner Name** (to be used for all correspondence after initial filing) CAM3-PT041.1 Attorney Docket Number Total Number of Pages in This Submission (Check all that apply) After Allowance Communication to TC **ENCLOSURES** Appeal Communication to Board Drawing(s) X Fee Transmittal Form of Appeals and Interferences Licensing-related Papers Appeal Communication to TC Fee Attached (Appeal Notice, Brief, Reply Brief) Petition Proprietary Information X Amendment/Reply Petition to Convert to a Provisional Application Power of Attorney, Revocation Status Letter After Final Change of Correspondence Address Other Enclosure(s) (please Identify Affidavits/declaration(s) below): Terminal Disclaimer Extension of Time Request

Request for Refund

Remarks

CD, Number of CD(s)

Landscape Table on CD

under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT VOLPE AND KOENIG, P.C. Firm Name Signature Robert J. Ballarini Printed name Reg. No. 48,684 November 13, 2006 Date

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Express Abandonment Request

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November 13, 2006

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